

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010539

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		c. CITY OR TOWN <b>Richmond</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ray Co. Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>303 Shotwell St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Davidson</b> Last <b>Davidson</b>		4. DATE OF DEATH Month <b>April</b> Day <b>1</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10/1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Miner</b>	
11. BIRTHPLACE (City and state or country) <b>Mayview, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Jane</b>	
14. NAME OF HUSBAND OR WIFE <b>Susan Davidson (Dec)</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>486-09-3770</b>		17. INFORMANT Address <b>Mrs. Olin Mover Lexington, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal bronchopneumonia</b> DUE TO (b) <b>Chronic bronchial asthma</b> DUE TO (c) <b>Pulmonary fibrosis &amp; emphysema</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>AS heart disease with chronic decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>unknown</b> <b>unknown</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>525X</b>	
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		20f. CITY, TOWN, OR LOCATION <b>—</b>	
21. I attended the deceased from <b>Febr 26, 1951</b> to <b>April 1, 1959</b> and last saw him alive on <b>April 1, 1959</b> Death occurred at <b>9:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>W. D. Johnson</b>	
22b. ADDRESS <b>Richmond Mo.</b>		22c. DATE SIGNED <b>4/3/59</b>	
23a. BURIAL, CREMATION, or DATE REMOVAL (Specify) <b>Burial 4/5/1959</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Macpelah Cemetery</b>	
23c. LOCATION (City, town, or county) <b>Lexington, Missouri</b>		23d. (State) <b>—</b>	
24. FUNERAL DIRECTOR <b>Quest-Life Funeral Home</b> <b>Richmond, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>April 4-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		27. (Signature) <b>—</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

APR 21 1959

ag 2-4

MAY 19 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Maria D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.